

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/661,366
<b>Filing Date</b>	September 12, 2003
<b>First Named Inventor</b>	Kerschbaumer, Randolph
<b>Title</b>	FACTOR IXA SPECIFIC ANTIBODIES DISPLAYING FACTOR VIIIa LIKE ACTIVITY
<b>Art Unit</b>	1644
<b>Examiner Name</b>	Michael Edward Szperka
<b>Attorney Docket Number</b>	20695C-006400US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

**44183**

**OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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**OR**

The address associated with Customer Number:

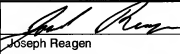
**OR**

Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:  
Applicant/Inventor.

Joint assignee of record of an undivided portion of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	8/10/07
Name	Joseph Reagen	Telephone	847 948 3315
Title and Company	Additional Authorized Representative, Baxter Healthcare S.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.